

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	SYSTEM, METHOD AND COMPUTER PROGRAM PRODUCT FOR DELIVERY AND UTILIZATION OF CONTENT OVER A COMMUNICATIONS MEDIUM
Attorney Docket Number::	219250US-8
Total Drawing Sheets::	6

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	UNITED STATES OF AMERICA
Status::	FULL CAPACITY
Given Name::	ROGER
Middle Name::	K.
Family Name::	MCGARRAHAN
City of Residence::	SOUTHWICK
State or Province of Residence::	MASSACHUSETTS
Country of Residence::	UNITED STATES OF AMERICA
Street of Mailing Address::	11 SECLUDED RIDGE
City of Mailing Address::	SOUTHWICK
State or Province of Mailing Address::	MASSACHUSETTS
Country of Mailing Address::	UNITED STATES OF AMERICA
Postal or Zip Code of Mailing Address::	01077

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: UNITED STATES OF AMERICA
 Status:: FULL CAPACITY
 Given Name:: EDWARD
 Middle Name:: M.
 Family Name:: KARAM
 City of Residence:: SPRINGFIELD
 State or Province of Residence:: MASSACHUSETTS
 Country of Residence:: UNITED STATES OF AMERICA
 Street of Mailing Address:: 39 LESLIE STREET
 City of Mailing Address:: SPRINGFIELD
 State or Province of Mailing Address:: MASSACHUSETTS
 Country of Mailing Address:: UNITED STATES OF AMERICA
 Postal or Zip Code of Mailing Address:: 01104

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: UNITED STATES OF AMERICA
 Status:: FULL CAPACITY
 Given Name:: DONNELL
 Middle Name:: M.
 Family Name:: HEYSE
 City of Residence:: SUFFIELD
 State or Province of Residence:: CONNECTICUT
 Country of Residence:: UNITED STATES OF AMERICA
 Street of Mailing Address:: 500 SUFFIELD STREET
 City of Mailing Address:: SUFFIELD
 State or Province of Mailing Address:: CONNECTICUT
 Country of Mailing Address:: UNITED STATES OF AMERICA
 Postal or Zip Code of Mailing Address:: 06078

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: UNITED STATES OF AMERICA
 Status:: FULL CAPACITY
 Given Name:: JOHN
 Middle Name:: D.
 Family Name:: ISHAM
 City of Residence:: FEEDING HILLS
 State or Province of Residence:: MASSACHUSETTS
 Country of Residence:: UNITED STATES OF AMERICA
 Street of Mailing Address:: 14 JOANNE CIRCLE
 City of Mailing Address:: FEEDING HILLS
 State or Province of Mailing Address:: MASSACHUSETTS
 Country of Mailing Address:: UNITED STATES OF AMERICA
 Postal or Zip Code of Mailing Address:: 01030

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/266,488	02/06/01

ASSIGNMENT INFORMATION

Assignee Name:: THALES BROADCAST & MULTIMEDIA, INC.
 Street of Mailing Address:: 104 Feeding Hills Road
 City of Mailing Address:: Southwick
 State or Province of Mailing Address:: Massachusetts
 Country of Mailing Address:: U.S.A.
 Postal or Zip Code of Mailing Address:: 01077